Public Health Agency of Canada | Agence de la santé publique du Canada

Public Health Agency of Canada

2012–13

Report on Plans and Priorities

The Honourable Leona Aglukkaq, P.C., M.P.
Minister of Health

Canada

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Minister's Message

I am pleased to present the Public Health Agency of Canada's 2012–13 Report on Plans and Priorities. Over the next three years, the Agency will advance a number of important initiatives in support of its mandate to promote and protect the health of Canadians. The Agency will continue to strengthen public health emergency preparedness and response capacity, provide national leadership in health promotion and health protection, and build public health capacity.

With increasing economic integration and the global movement of people and goods, public health issues know no borders. Public health is a shared responsibility and jurisdictions must work together to be effective in addressing public health challenges. The Agency will continue to work closely with domestic and international partners on collective efforts to deal with issues that impact the health of Canadians and to ensure that Canadians are equipped with the information and tools necessary to make informed decisions about their health and well-being.

In 2012–13, the Agency will focus on advancing the Political Declaration adopted at the September 2011 United Nations High-level Meeting on the Prevention and Control of Non-communicable Diseases, a declaration I was pleased to endorse. Our coordinated efforts will help to address the four major chronic diseases: cancer, diabetes, cardiovascular disease, and chronic respiratory disease, while also recognizing linkages to other diseases, including mental illness. Additionally, the Agency will continue its commitment to addressing childhood obesity through actions in support of *Curbing Childhood Obesity: a Federal/Provincial/Territorial Framework for Action to Promote Healthy Weights*.

Promoting the positive mental health and well-being of Canadians is an important step in reducing illness, disability, and injury, and helping Canadians live healthy lives. Issues associated with untreated mental health problems, including suicide, create a significant burden on individuals, families, and communities. The Agency will work to advance multi-sectoral collaboration and increase Canadians' awareness of these important public health issues.

In recent years, the Agency has made progress in its ability to prevent, detect and respond to food-borne illness outbreaks as part of Canada's food safety system. Food-borne illness outbreaks can present not only significant public health risks, but also have economic and trade implications for a country. The Agency will continue to strengthen its efforts in protecting Canadians from food-borne illness outbreaks.

The Public Health Agency of Canada is committed to ensuring that resources align with priorities so that the Agency can continue to deliver quality programs that meet the public health needs of Canadians.

I am confident in the Agency's ability to deliver on the priorities in this report and look forward to continued collaborative efforts to improve the health and well-being of Canadians.

Leona Aglukkaq, P.C., M.P.
Minister of Health

Message from the Chief Public Health Officer

In 2012–13, the Agency will build on its leadership role in protecting and promoting the health of Canadians through its stewardship, world-class science, research and surveillance, and effective collaboration with all our partners.

Chronic diseases such as cancer, diabetes, cardiovascular and respiratory diseases have a major impact, causing nearly 9 in 10 deaths each year in Canada. Building on national and international commitments in these areas, such as the landmark national *Curbing Childhood Obesity: A Federal /Provincial/Territorial Framework for Action to Promote Healthy Weights*, the Agency will continue efforts that help to promote health, prevent and mitigate disease, and reduce health inequalities. The Agency will continue to support best practices and initiatives, such as the *Active and Safe Injury Prevention* Initiative, which encourages children and youth to be active in recreational and sports activities while also promoting injury prevention. At the community level, the Agency's *Innovation Strategy* will also continue to support recognized interventions that help Canadians, particularly those at greater risk for poor health outcomes, improve their health.

As the world evolves, however, so do risks from our surrounding environment, such as the production, transport and use of human pathogens and toxins. The Agency will build on its novel approach to the development of new regulations and inspection, ensuring compliance with the new *Human Pathogens and Toxins Act*. It will also identify strategies to reduce regulatory red tape for industry, while ensuring that the environment and the health and safety of Canadians are not compromised.

In addition, an increasingly connected world means emerging and exotic infectious diseases pose significant threats to our health. Through global partnerships, the Agency will help sustain our preparedness for health emergencies, supported by a newly renewed pandemic vaccine supply. It will also enhance its communications about travel health, ensuring Canadians receive timely and accurate information for their safety.

Surveillance and research of many of these diseases and conditions form the backbone of the Agency's efforts. In 2012–13, the Agency will take a leadership role in building an autism surveillance system. Our surveillance and research activities will be supported by the maintenance of an already world-class, efficient and effective laboratory network across the country.

The Agency is taking the opportunity to adapt, lead, and innovate in its approach to public health in Canada. It will continue to increase its efficiency, streamline operations, and improve processes, supported by employees that make the Agency one of the world's best public health organizations. As an effective agent for positive change, the Agency is well-placed to serve Canadians and to meet the demands of the future. Please take the time to read this report, to learn more about how we are moving forward in protecting and promoting the public's health.

David Butler-Jones, M.D.
Chief Public Health Officer

Section I – Organizational Overview

Raison d'être

Public health involves the organized efforts of society to keep people healthy and to prevent injury, illness and premature death. It includes programs, services and policies that protect and promote the health of all Canadians. In Canada, public health is a responsibility that is shared by the three levels of government in collaboration with the private sector, non-governmental organizations, health professionals and the public.

In September 2004, the Public Health Agency of Canada (the Agency) was created within the federal Health Portfolio to deliver on the Government of Canada's commitment to increase its focus on public health in order to help protect and improve the health and safety of all Canadians and to contribute to strengthening the health care system.

Responsibilities

The Agency has the responsibility to:

- contribute to the prevention of disease and injury, and to the promotion of health;
- enhance the quality and quantity of surveillance data and expand the knowledge of disease and injury in Canada;
- provide federal leadership and accountability in managing public health emergencies;
- serve as a central point for sharing Canada's expertise with the rest of the world and for applying international research and development to Canada's public health programs; and
- strengthen intergovernmental collaboration on public health and facilitate national approaches to public health policy and planning.

Strategic Outcome and Program Activity Architecture (PAA)

The Agency aims to achieve a strategic outcome of the promotion of health, reduced health inequalities, and the prevention and mitigation of disease and injury, supported by its Program Activity Architecture depicted in the following figure.

Strategic Outcome: Canada is able to promote health, reduce health inequalities, and prevent and mitigate disease and injury

1.1 Science and Technology for Public Health	1.2 Surveillance and Population Health Assessment	1.3 Public Health Preparedness and Capacity	1.4 Health Promotion	1.5 Disease and Injury Prevention and Mitigation	1.6 Regulatory Enforcement and Emergency Response	2.1 Internal Services
	1.2.1 Public Health Surveillance	1.3.1 Public Health Capacity	1.4.1 Healthy Communities	1.5.1 Chronic Disease Prevention and Mitigation	1.6.1 Regulatory Enforcement	2.1.1 Governance and Management Support
	1.2.2 Population Health Assessment	1.3.2 Preparedness	1.4.2 Emerging Priorities and Innovation in Health Promotion	1.5.2 Injury Prevention and Mitigation	1.6.2 Emergency Operations	2.1.2 Resource Management Services
		1.3.3 Public Health Networks	1.4.3 Childhood and Adolescence Programs	1.5.3 Infectious Disease Prevention and Control	1.6.3 Emergency Stockpile	2.1.3 Asset Management Services
			1.4.4 Aging and Seniors			

Organizational Priorities

Priority	Type	Strategic Outcome or Program Activity
1. Managing Public Health Risks to Canadians	Ongoing	**PAA:** 1.1,1.2, 1.3, 1.5 and 1.6
Why is this a priority?		
Anticipating and proactively responding to real and potential health risks to Canadians will help prevent and mitigate disease and injury.		
Plans for meeting the priority		
• Enhance the Agency's emergency management capacity and cooperative relationships with external organizations. • Reduce the potential for and impact of infectious disease events, such as epidemics and pandemics, as well as foodborne illness. • Enhance the health security of Canadians by reducing the potential for antimicrobial resistance in disease-causing organisms. • Strengthen chronic disease prevention initiatives to reduce common risk factors. • Utilize legislative and regulatory tools, where appropriate, to respond to and reduce public health risks. • Decrease the potential risk that rising global population mobility—travel and migration—will increase infectious disease importation and chronic disease development. • Further refine the national immunization strategy.		
2. Promoting health and reducing health inequalities in Canada	Ongoing	**PAA:** 1.1, 1.2, 1.4 and 1.5
Why is this a priority?		
Improving health equity in Canada can realize significant benefit to overall public health through increased access to opportunities and conditions conducive to the health of all and the reduction of health inequalities.		
Plans for meeting the priority		
• Strengthen initiatives to advance healthy living, healthy aging, mental health and the health and well-being of children, youth and seniors. • Engage government and non-government sectors to influence and develop public policies to reduce health inequalities, including for Aboriginal and northern populations. • Strengthen the evidence base to support the design, implementation and assessment of innovative policies and interventions.		

Priority	Type	Strategic Outcome or Program Activity
3. Enhancing Public Health Capacity	Ongoing	**PAA:** 1.2, 1.3, 1.4, 1.5 and 1.6
Why is this a priority?		
Enhancing pan-Canadian and Agency capacity will contribute to building a stronger public health system and, in turn, promote health, reduce health inequalities and prevent and mitigate disease and injury.		
Plans for meeting the priority		
• Strengthen the capacity of the public health workforce. • Support the building of public health capacity in the North. • Improve public health tools, including the advancement of systematic knowledge sharing and use of best practices in public health. • Strengthen the capacity for public health surveillance. • Enhance public health surge capacity to continuously improve response to health events. • Strengthen the Agency's approach to population health assessment activities through the development and utilisation of population health assessment knowledge and tools in decision-making.		
4. Achieving Excellence in Governance and Management	Previously committed	**PAA:** 1.1, 1.6, and 2.1
Why is this a priority?		
Strengthening governance and management infrastructure will improve the Agency's ability to serve the public health interests and needs of Canadians.		
Plans for meeting the priority:		
• Ensure strategic and policy support—with an emphasis on evidence-based decision-making—is available to support operational goals, public health actions and Ministerial priorities. • Use innovative tools and processes to foster stable, forward-looking management practices. • Enhance Agency corporate capacity in areas such as governance, planning, finance, security and technology. • Enhance Agency human resource capacity in areas such as people management, values and ethics, training, employee engagement and workplace well-being. • Ensure the recruitment, development and retention of a skilled public health work force within the Agency. • Support and implement government-wide Public Service Renewal initiatives.		

Risk Analysis

Public health involves the organized efforts of society to keep people healthy and to prevent injury, illness and premature death. In Canada, public health is a responsibility that is shared by the three levels of government in collaboration with the private sector, non-government organizations, health professionals and the public. The Public Health Agency of Canada (PHAC) plays a central role in chronic and infectious disease prevention and control, health promotion, injury prevention, and public health emergency management. PHAC carries out its responsibilities by providing leadership during, and building capacity for, public health emergencies, collaborating with public health partners, and facilitating approaches to public health policy and planning.

PHAC operates in an environment characterized by change, complexity, and uncertainty. For example, a long and sustained period of economic growth has been followed by periods of recession worldwide, and in some countries, financial crisis. With the global economy in a sluggish state, governments are making balanced budgets a priority. The resulting fiscal constraint influences individual and collective public health. This reinforces the value of the role, initiatives, and actions of PHAC and of its partners in promoting cost-effective healthy choices and healthy lifestyles.

Demographic factors also contribute to the challenge faced by PHAC and its partners. Among these, the following are worth noting.

- Canada's population is **increasingly diverse**, as it continues to be one of the world's major immigrant and refugee receiving countries. In twenty years, close to half of Canadians will be foreign born and one in three Canadians may also be members of a visible minority. Immigrants' experiences of post-migration health vary widely, obscuring important health disparities which exist among some subgroups.
- Canada's **Aboriginal population** is younger and growing nearly six times faster than the non-Aboriginal population. And while Aboriginal children represent an increasing proportion of Canada's children, they are disproportionately living in poverty and consistently experience poor health outcomes, including higher than average suicide rates.
- Canada's population is also aging; **seniors** are living longer and are healthier than in previous generations. With increasing age, however, the potential for individuals to suffer from multiple chronic conditions and dementia increases.

The above factors, and more, are testing the health system's capacity to respond effectively.

The impacts of **chronic disease** are significant, with the consequence of diminishing the quality of life for many Canadians and, in particular, for specific populations (e.g., Aboriginal and northern populations). Addressing chronic disease involves addressing social, economic and physical conditions that are complex and difficult to change. In addition, two **health issues** require attention as they are significant risk factors contributing to the development of chronic disease.

- **Mental illness**-related disability claims (short-term and long-term) account for up to one-third of workplace claims and approximately 70% of workplace costs—a $33-billion loss to the Canadian economy on an annual basis. People with serious mental illness are at higher risk of a wide range of chronic and physical conditions; the fastest growing of these are depression and anxiety disorders. By 2020, depression is projected to be the second-leading cause of disability in the world behind ischemic heart disease (i.e., local deficiency of blood supply).
- Increasing **obesity** rates contribute to an increased risk for chronic diseases such as diabetes, cardiovascular disease and hypertension. There are twice as many obese Canadian adults in Canada today than there were 25 years ago and currently, more than one in four children and youth in Canada are overweight or obese.

Similarly, sustained efforts are required to prevent and control new strains of **infectious diseases** which pose increasing and unpredictable threats to public health. For instance, inappropriate use of antimicrobials leads to pathogens becoming resistant to current treatments. Animal husbandry and wildlife management practices impact genetic changes in microorganisms giving rise to new pathogens. And the rapid global movement of people, animals and goods is facilitating global transport of new and existing infectious diseases.

Efforts to prepare for, and respond to, **public health emergencies** are undertaken in an environment where threats are also unpredictable and complex. Threats may be in the form of an infectious disease outbreak (such as Listeria in food) or pandemic (e.g., H1N1), natural events (such as floods and earthquakes), or intentional and unintentional man-made events involving chemical, biological, radiological, or nuclear hazards.

This reality is also true for the PHAC's partners, and more than ever, there is a need to work collaboratively and efficiently towards the achievement of shared objectives with a focus on disease and illness prevention initiatives. PHAC cooperates, coordinates, collaborates and partners with stakeholders such as other federal departments, provincial, territorial and local authorities, the World Health Organization, the United States Centers for Disease Prevention and Control, other international partners, and non-governmental organizations,. The need to advance objectives in concert with others impacts virtually all areas of the PHAC's work.

The Canadian public health work force is maturing and may see a loss of knowledge and experience as **public health professionals** retire. As a result, the importance of continued efforts to enhance the skills, knowledge and experience of public health professionals is growing.

PHAC's Corporate Risk Profile (CRP) identifies the most significant risks influencing priorities and outlines strategies to address them. Risk considerations are also factored into the planning of all PHAC programs, evaluations and audits and help to determine their priority and scope. The table below outlines the risks and opportunities identified in the 2011 CRP as well as the Program Activities where information on mitigation plans and strategies can be found.

Risk Areas	Risk Statement	Program Activity
Infectious Disease	There is a risk that emerging infectious diseases will continue to create the potential for epidemics and pandemics that will result in considerable health, social and economic impacts.	**1.1, 1.2, 1.3, 1.5, 1.6**
	There is a risk that antimicrobial resistance in disease-causing organisms will continue to be a threat to the Canadian population resulting in increased morbidity, mortality and impact on the health system.	**1.1, 1.2**
Population Mobility and Migration	There is a risk that rising global population mobility—travel and migration—will increase infectious disease importation and chronic disease development, resulting in increased morbidity, mortality, and burden to the Canadian health system.	**1.2, 1.6**
Emergency Preparedness and Response	There is an opportunity for the Agency to enhance its emergency management capacity and to improve its ability to work with external partners to prepare for and provide leadership and coordination in the management of public health events on behalf of the federal government.	**1.2, 1.3, 1.5, 1.6**
Food-borne Illness	With current global trends in food production, preparation and distribution there is a continuing risk that food-borne illness will adversely impact the Canadian population with the potential for considerable health, social and economic consequences.	**1.1, 1.2, 1.5**
Aboriginal and Northern Health Inequalities	There is a risk that Aboriginal and northern populations will continue to experience poorer overall health outcomes, including higher rates of chronic and infectious diseases, than other Canadians. The persistent health inequalities are costly in human, social and economic terms, and are largely preventable.	**1.3, 1.4, 1.5**
Chronic Disease	There is a risk that obesity rates among Canadian adults, children and youth will continue to rise, increasing the rate of chronic diseases such as diabetes, cardiovascular disease and hypertension.	**1.2, 1.4, 1.5**
	There is a risk that mental illness will continue to adversely impact the Canadian population resulting in significant health, social and economic costs.	**1.2, 1.4**
Management Capability and Excellence	There is an opportunity for PHAC to enhance its management capacity in the areas of governance, planning, people management (e.g. values and ethics, training), finance, security, technology, etc. to support the Agency in fulfilling its public health mission and mandate.	**2.1**
Canadian Public Health Capacity	There is a risk that Canada lacks the appropriately trained work force, tools, organizational capability, and inter-jurisdictional systems to respond to and plan for public health threats.	**1.3, 2.1**

Planning Summary

Financial Resources ($M)

2012–13	2013–14	2014–15
616.5	590.6	631.8

Note: Additional information on expenditures at the Agency level is provided in Section I's Expenditure Profile and at the Program Activity level in Section II.

Human Resources (Full-time Equivalent – FTE)

2012–13	2013–14	2014–15
2,668	2,667	2,675

Planning Summary Table

Strategic Outcome: Canada is able to promote health, reduce health inequalities, and prevent and mitigate disease and injury.

Performance Indicators	Targets
An overall population health indicator for Canada is health-adjusted life expectancy* (HALE) at birth	The Agency's objective is to work towards the maintenance or increase of Canada's 2001 HALE at birth as reported by Statistics Canada[1] Overall - 69.6 Women - 70.8 Men - 68.3
An additional view of population health is HALE by income; i.e., the difference, in years, in HALE at birth between the top-third and bottom-third income groups	The Agency's objective is to work towards the maintenance or reduction of the difference in years Women - 3.2 Men - 4.7

*Health Adjusted Life Expectancy (HALE) is a composite, summary measure of population health. It is more comprehensive than the better-known Life Expectancy measure, as HALE combines length of life and health-related quality of life into a single indicator. HALE is defined as "the number of years in full health that an individual can expect to live given the current morbidity and mortality conditions."[2]

How long Canadians live in good health is determined by factors including personal and family lifestyle risk factors, environmental and genetic factors, technological advances, social determinants, availability and quality of health care, and public health practices and initiatives at the federal, provincial, territorial (F/P/T), and local levels of government. The Agency works with governmental and non-governmental stakeholders to positively affect the above factors of health. The results of these combined factors and efforts can best be assessed by looking at summary measures of population health.

PHAC contributes to maintaining or increasing HALE in Canada through all its programs. Undertaken in collaboration with F/P/T, non-governmental organizations and international health partners, these programs provide federal leadership and support in promoting health, reducing health disparities, enhancing public health capacity, preventing and mitigating injuries and chronic and infectious diseases, providing relevant research support, monitoring health and disease situations and trends, and reducing the risk and consequences of public health emergencies.

[1] Statistics Canada. CANSIM Table 102-0121 and Catalogue no. 82-221-X.
[2] Statistics Canada. Available from: http://www40.statcan.gc.ca/l01/cst01/hlth67-eng.htm [Accessed Aug 16, 2011.]

($M)

Program Activity	Forecast Spending 2011–12	Planned Spending			Alignment to Government of Canada Outcomes
		2012–13	2013–14	2014–15	
1.1 Science and Technology for Public Health	69.1	65.4	59.4	58.0	Healthy Canadians
1.2 Surveillance and Population Health Assessment	61.4	64.6	64.6	64.0	
1.3 Public Health Preparedness and Capacity	120.0	85.1	71.3	67.0	
1.4 Health Promotion	185.3	181.4	181.2	181.3	
1.5 Disease and Injury Prevention and Mitigation	111.5	100.5	94.8	142.2	
1.6 Regulatory Enforcement and Emergency Response	27.4	24.0	24.0	24.1	Safe and Secure Canada
Total Planned Spending	**574.7**	**521.0**	**495.3**	**536.6**	

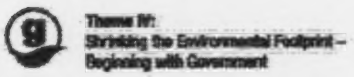
Note: All figures are rounded

Internal Services	Forecast Spending 2011–12	Planned Spending		
		2012–13	2013–14	2014–15
	114.4	95.4	95.3	95.2

Contribution to the Federal Sustainable Development Strategy (FSDS)

The Federal Sustainable Development Strategy (FSDS) outlines the Government of Canada's commitment to improving the transparency of environmental decision-making by articulating its key strategic environmental goals and targets. The Public Health Agency of Canada ensures that consideration of these outcomes is an integral part of its decision-making processes. In particular, through the federal Strategic Environmental Assessment (SEA) process, any new policy, plan, or program initiative includes an analysis of its impact on attaining the FSDS goals and targets. The results of SEAs are made public when an initiative is announced, demonstrating the department's commitment to achieving the FSDS goals and targets.

The Public Health Agency of Canada contributes to Theme IV – Shrinking the Environmental Footprint as denoted by the visual identifier(s) below:



These contributions fall under the following Program Activities and are further explained in Section II:

- P.A. 2.1 Internal Services

For additional details on the Public Health Agency of Canada's activities to support sustainable development, please see Section II of this RPP and Planning for A Sustainable Future: The Public Health Agency of Canada's Departmental Sustainable Development Strategy 2011-2014. For complete details, please see the Federal Sustainable Development Strategy.

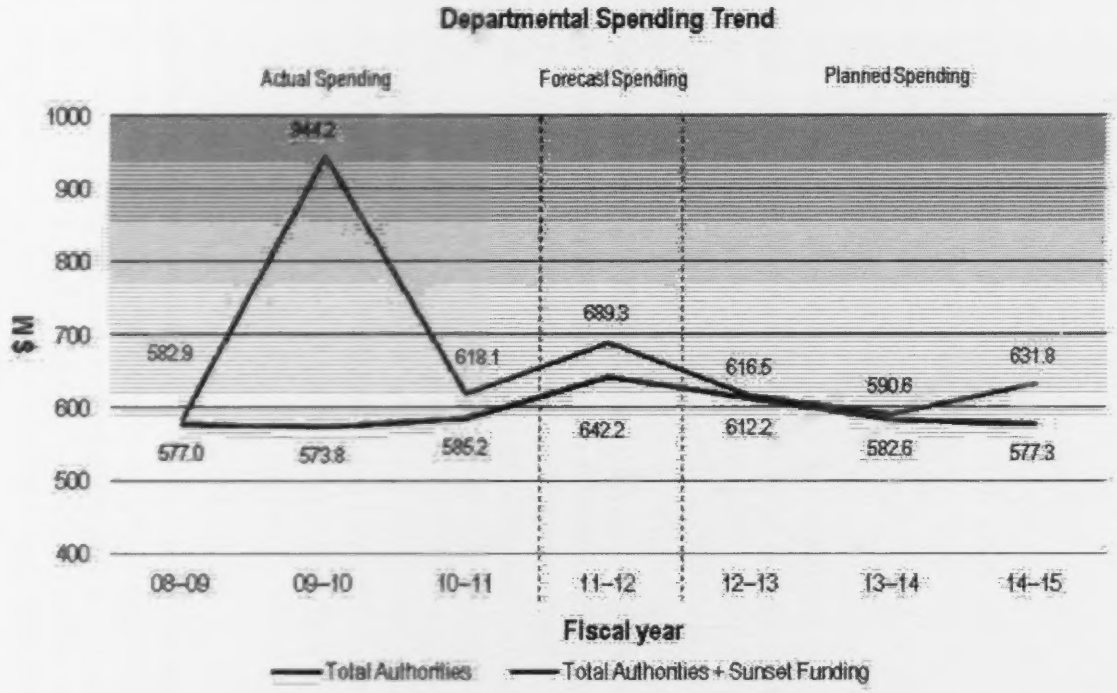
Expenditure Profile

Canada experienced an H1N1 pandemic in 2009–10 which accounts for approximately $310M of additional spending in that year. The Agency also spent $49.7M in the same year on the Hepatitis C Health Care Services Program which provides funding to the provinces to compensate for the care of individuals infected with hepatitis C. This program provides payments every five years until 2014–15. These two items caused a significant change in spending in comparison to other years.

Starting in 2012–13, planned spending will decrease by $72.7M. This can be largely explained by reduced funding of $33.9M for various time-limited projects that are near completion, such as $20.7M for the installation of a new influenza fill line. In addition, one-time funding for 2011–12—consisting of $15.3M to cover severance payouts due to revisions in collective agreements and $18.1M of funds carried forward from 2010–11—will not be available in 2012–13. Finally, $5.9M will be transferred out for the creation of Shared Services Canada.

In 2013–14, PHAC spending decreases by $25.9M mainly as a result of the completion of the initiative to address sport and recreation injuries among Canadian children and youth as well as planned reductions in funding for the JC Wilt Laboratory expansion and the replenishment of the National Antiviral Stockpile.

In 2014–15, Agency spending increases by $41.2M as the final payment of the Hepatitis C Health Care Services Program is made. This increase is partially offset by the planned sunset of initiatives such as Genomics Research and Development and the Lung and Neurological Diseases Initiative as well as the completed replenishment of the National Antiviral Stockpile.



Estimates by Vote

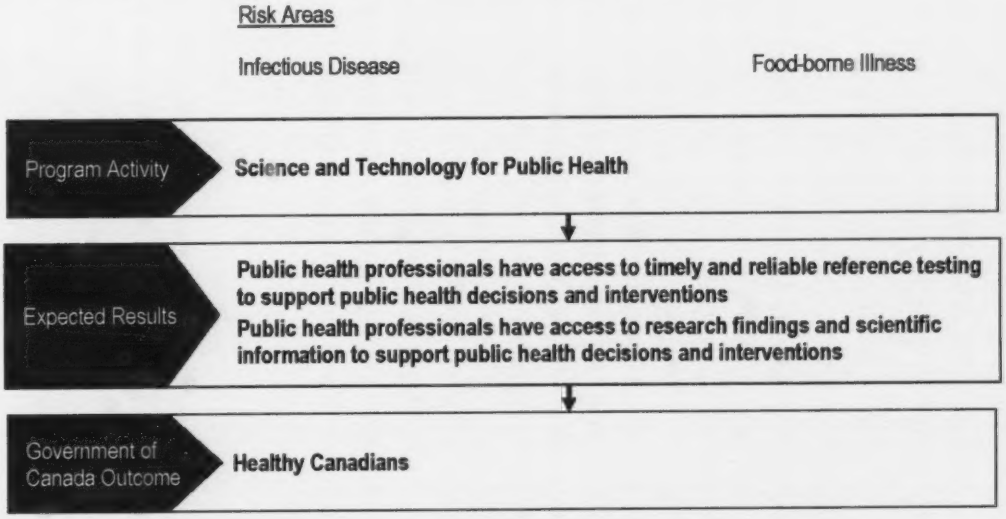
For information on our organizational appropriations, please see the 2012–13 Main Estimates.

Section II – Analysis of Program Activities by Strategic Outcome

Strategic Outcome

The Agency's Strategic Outcome is: Canada is able to promote health, reduce health inequalities, and prevent and mitigate disease and injury. The following section describes the six Program Activities (PAs) through which the Agency works to achieve the Strategic Outcome, and for each, identifies the expected results, performance indicators and targets. This section also explains how the Agency plans to achieve the expected results and presents the financial and human resources that will be dedicated to each Program Activity.

Program Activity 1.1 – Science and Technology for Public Health


Risk Areas
Infectious Disease
Food-borne Illness
Program Activity
Science and Technology for Public Health
Expected Results
Public health professionals have access to timely and reliable reference testing to support public health decisions and interventions
Public health professionals have access to research findings and scientific information to support public health decisions and interventions
Government of Canada Outcome
Healthy Canadians

Program Activity Description: To enable Canada to improve public health and better respond to existing and emerging health risks, this program: develops and applies leading edge national public health science and innovative tools; provides specialized diagnostic laboratory testing and reference services; conducts applied and discovery research into established, emerging, and rare infectious diseases; and mobilizes Canadian scientific capacity and networks. The program's primary clients are public health professionals working in federal, provincial, territorial, municipal/ local and non-government organizations. By integrating reliable information and knowledge, this program supports public health decision-making and interventions in Canada.

Human Resource (FTEs) and Planned Spending ($ M)					
2012–13		2013–14		2014–15	
FTEs	Planned Spending	FTEs	Planned Spending	FTEs	Planned Spending
385	65.4	385	59.4	386	58.0

The completion of construction of the JC Wilt Infectious Disease Research Centre in Winnipeg is the main reason for the decrease of $6M from 2012–13 to 2013–14. The Genomic Research and Development Initiative ends in 2013–14 which explains the decrease of $1.4M from 2013–14 to 2014–15.

Expected Result(s)	Performance Indicator(s)	Target(s)
Public health professionals have access to timely and reliable reference testing to support public health decisions and interventions*	% of accredited reference service tests within the various specific turnaround times (TAT)	80%
	% of reference service programs subject to external review achieving a ranking of "acceptable" or better	100%
Public health professionals have access to research findings and scientific information to support public health decisions and interventions	# of citations of research publications during the target year (e.g. 2012) for papers published during the preceding three years (e.g. 2010-2012)**	1500

*Reference testing performed by Agency laboratories includes specialized diagnostic testing, confirmatory testing and special testing to characterize disease-causing agents. Such reference testing is carried out both routinely and in response to emergency outbreaks.

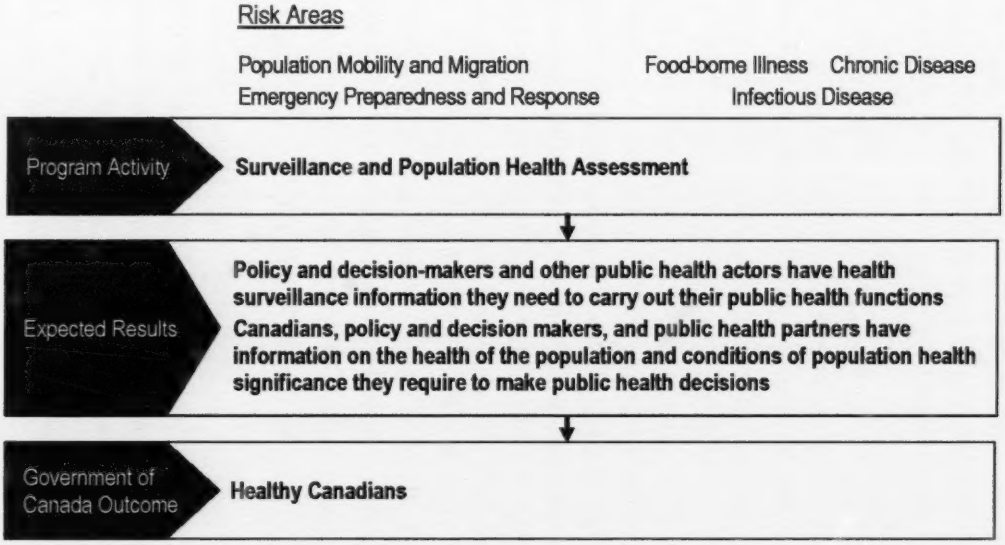
**This may not include all PHAC publications.

Planning Highlights

As a science-based organization, PHAC strives to ensure that its leading edge public health research, science, and innovation tools respond to Canadians' expectations for timely and reliable public health advice and interventions. Moreover, Canadians can be assured that their personal health decisions are based on advanced scientific knowledge. The following major activities are planned:

- Improve the technical capacity of Federal, Provincial and Territorial (F/P/T) PulseNet Canada Network partners to utilize "DNA fingerprinting" in the identification and response to multi-jurisdictional food-borne illness outbreaks.
- Strengthen scientific and technical expertise and foster cross-jurisdictional cooperation to improve evidence and information availability for public health practitioners, policy-makers and Canadians and ensure timely outbreak detection and response to infectious disease threats.
- Through innovative research, tools and laboratory reference services, improve knowledge regarding the link between genetic predisposition and the risks of chronic and infectious disease in key populations in Canada and better enable public health professionals to respond to and address emerging public health risks.
- In conjunction with federal partners, explore collaborative opportunities in laboratory infrastructure and operations as well as realize programmatic synergies to maximize overall laboratory efficiencies.

Program Activity 1.2 – Surveillance and Population Health Assessment


Risk Areas
Population Mobility and Migration
Food-borne Illness
Chronic Disease
Emergency Preparedness and Response
Infectious Disease
Program Activity
Surveillance and Population Health Assessment
Expected Results
Policy and decision-makers and other public health actors have health surveillance information they need to carry out their public health functions
Canadians, policy and decision makers, and public health partners have information on the health of the population and conditions of population health significance they require to make public health decisions
Government of Canada Outcome
Healthy Canadians

Program Activity Description: Emerging and ongoing infectious and chronic diseases and other population health risk factors, have an impact on the health of Canadians. The Surveillance and Population Health Assessment program exists to identify and report on health issues and risks through ongoing, systematic analysis, use and sharing of routinely-collected data with and among provinces, territories, and local health authorities, and other federal departments and agencies so that they can make informed decisions. In doing so, the program addresses existing gaps and emerging trends in the ways that public health surveillance and population health assessment are conducted. A national approach to surveillance and population health assessment provides the foundation for coordinated efforts in health promotion, health inequality reduction and disease mitigation and control.

Human Resource (FTEs) and Planned Spending ($ M)					
2012–13		2013–14		2014–15	
FTEs	Planned Spending	FTEs	Planned Spending	FTEs	Planned Spending
420	64.6	420	64.6	421	64.0

Expected Result(s)	Performance Indicator(s)	Target(s)
Policy and decision-makers and other public health actors have health surveillance information they need to carry out their public health functions	% compliance by Canada on the surveillance component of the International Health Regulations on Core Capacity Assessment	100% by March 31, 2014

Expected Result(s)	Performance Indicator(s)	Target(s)
Canadians, policy- and decision-makers, and public health partners have information on the health of the population and conditions of population health significance they require to make public health decisions	Level of stakeholder satisfaction with the usefulness of the information in the CPHO Report	"Very useful" by March 31, 2016*

*CPHO Report Post Release survey responders from among public health stakeholders chose "very useful" on the 5-point scale from "not at all useful" to "very useful."

Planning Highlights

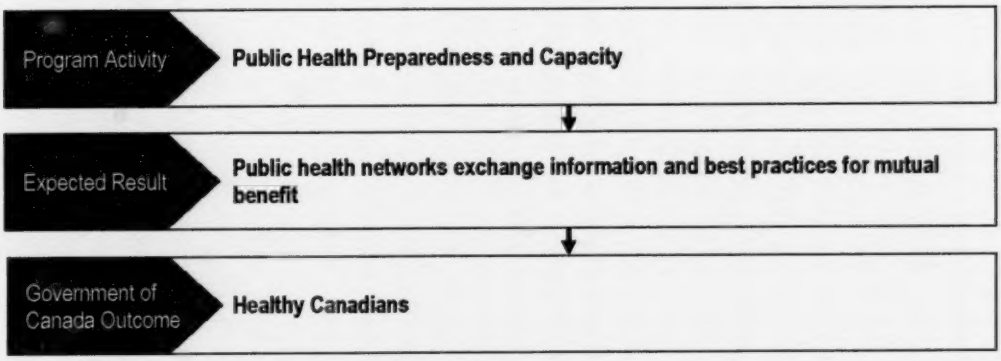
PHAC's surveillance and population health assessment initiatives are integral to the timely and accurate collection and sharing of information that is absolutely essential for prompt and effective emergency response as well as informed decisions and public health policy. The following major activities are planned:

- Strengthen surveillance through the implementation of the Agency's Surveillance Strategic Plan and continue to address recommendations from the *May 2008 Report of the Auditor General*. This will be achieved by maintaining a structure and processes to identify and address surveillance-related system priorities; working with partners to identify roles and responsibilities in collaborative surveillance activities; implementing and maintaining mechanisms and tools for effective partnerships and managing data and information; and, the development and use of standardized tools for the implementation of ongoing performance assessment of surveillance (i.e., Surveillance Performance Measurement Framework). An evaluation of the surveillance function at the Agency is planned for this fiscal year, with the first phase addressing relevance. It is expected to be completed by March 2013.
- Increase capability in assessing the health of the population through developing different approaches to population health analyses (e.g. Emerging Global Realities Scenario Project) and perspectives for program and policy development (i.e. systems approach to public health).
- Strengthen the evidence base of surveillance on childhood obesity and neurological diseases and enhance mental illness surveillance to provide stakeholders with improved information on risk factors contributing to these conditions.
- Further develop and communicate the first national Indicator Framework for Chronic Disease and Associated Determinants, which will consider the interaction between determinants of health, risk factors, and health outcomes across the life-course. This will support program and policy decisions makers in addressing the multiple facets of chronic disease.
- Enhance collection and analysis of surveillance data on congenital anomalies and develop a surveillance system for Developmental Disorders as part of the *Action Plan to Protect Human Health from Environmental Contaminants*. The initial focus is Autism Spectrum Disorders.
- In partnership with Health Canada, expand data collection, analysis and reporting on the rates, patterns and circumstances of unintentional injury related to consumer products to build the evidence base for policies, practices and programs that target vulnerable populations such as children and seniors.
- Improve the evidence and available information to public health practitioners, policy-makers and Canadians by developing methodologies for enhanced and integrated zoonotic and vector-borne disease surveillance as well as a process for prioritization of emerging infectious disease risks and joint risk assessments with the Canadian Food Inspection Agency.
- Develop and begin the implementation of a federal strategy to enhance, integrate and coordinate the surveillance of antimicrobial use (AMU) and resistance (AMR) in food animals, food products and humans, including AMR laboratory diagnostics. Increase information available to public health practitioners to inform decisions taken to minimize the emergence and spread of AMR in Canada.
- Improve coordination of surveillance data related to selected infections (HIV, syphilis and tuberculosis) within Canada and improve our understanding of infection patterns and public health approaches specific to immigrant populations.

Program Activity 1.3 – Public Health Preparedness and Capacity

Risk Areas

Emergency Preparedness and Response
Aboriginal and Northern Health Inequalities
Infectious Disease
Canadian Public Health Capacity


Program Activity
Public Health Preparedness and Capacity
Expected Result
Public health networks exchange information and best practices for mutual benefit
Government of Canada Outcome
Healthy Canadians

Program Activity Description: The Public Health Preparedness and Capacity Program addresses the need for a strong public health system that is prepared at all times for strategic and operational public health issues and events. This program provides public health decision-makers with the right people in the right place at the right time equipped with the right competencies, capabilities and connections to carry out public health functions. The program identifies and facilitates the closing of gaps in Canada's public health human resource capacity, the ability to prepare for and respond to public health issues and events and the functioning of public health networks within and outside Canada.

Human Resource (FTEs) and Planned Spending ($ M)					
2012–13		2013–14		2014–15	
FTEs	Planned Spending	FTEs	Planned Spending	FTEs	Planned Spending
320	85.1	320	71.3	321	67.0

The decreases in planned spending of $13.8M from 2012–13 to 2013–14 and $4.3M from 2013–14 to 2014–15 are mainly due to the scheduled reductions of funding associated with the installation of a vaccine fill line and replenishment of the National Antiviral Stockpile.

Expected Result(s)	Performance Indicator(s)	Target(s)
Public Health networks exchange information and best practices for mutual benefit	# of information and best practice exchanges	3

Planning Highlights

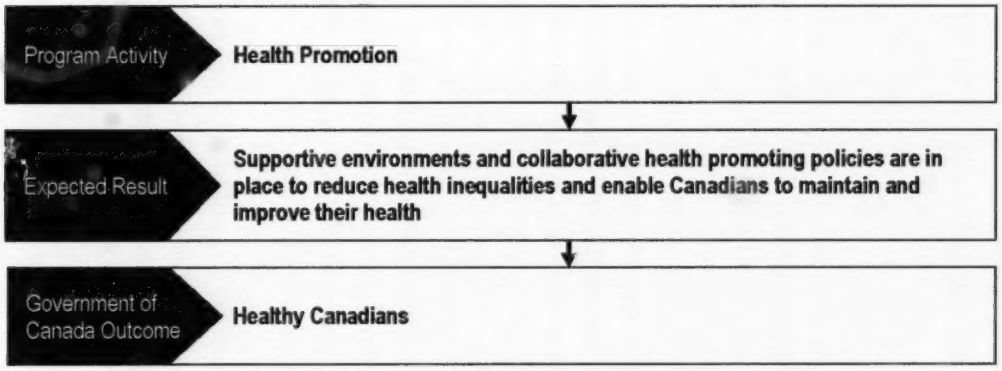
Effective coordination and increased capacity among partners are critical to the effective preparation for public health events and in addressing trends in the risk factors leading to diseases. The following major activities are planned:

- Facilitate Canada-wide coverage of public health professionals with the capacity to respond to public health events. This includes placing public health practitioners in northern sites and the recruitment and mobilization of field epidemiologists and public health officers across Canada.
- Address Canada's need for public health skills by continuing to provide a competency-based suite of learning modules on core public health functions to enhance ability to respond to public health issues.
- Improve access to opportunities for public health learning through the Skills Northern Strategy. Disseminate the results of the Skills Northern Strategy pilot and evaluation. Review and update Skills Online learning modules, as appropriate, to reflect the northern and Aboriginal context.
- Continue the development of tools and processes such as the Health Canada/PHAC Research Ethics Board to ensure that research and decision-making processes are well-designed and ethically sound.
- Ensure Health Portfolio emergency management (EM) plans reflect current knowledge and experiences. Lead revisions of EM plans based on lessons learned from planned exercises, real events and mass gatherings under the direction of the Portfolio's Joint Emergency Preparedness Committee.
- Inform strategic emergency management planning across the Health Portfolio with a focus on risk treatment through the review of the first risk assessment process done in 2011–12. Examine variables such as vulnerability, adequacy and effectiveness of controls and risk tolerance to make recommendations regarding improvements to, or implementation of new, risk treatment interventions.
- Health Portfolio professionals and first responders are trained in emergency management and CBRNE (chemical, biological, radiological, nuclear and explosive) response, respectively.
- Undertake a comprehensive review and revision of Canada's Pandemic Influenza Plan for the Health Sector to integrate changes based on stakeholder input to make the CPIP more adaptable and responsive to pandemic threats.
- Improve the evidence and available information to public health practitioners by providing up-to-date public health practice advice through renewed guidelines to the Infection Prevention and Control Guideline Series.

Program Activity 1.4 – Health Promotion

Risk Areas

Aboriginal and Northern Health Inequalities
Chronic Disease


Program Activity
Health Promotion
Expected Result
Supportive environments and collaborative health promoting policies are in place to reduce health inequalities and enable Canadians to maintain and improve their health
Government of Canada Outcome
Healthy Canadians

Program Activity Description: This program provides leadership and support in promoting health and reducing health disparities among Canadians. It supports Canadians in making healthy choices throughout all life stages through initiatives focused on, for example, child development, families, lifestyles, and aging. It also facilitates the conditions that support these choices by working with and through others to address factors and determinants that influence health, such as health literacy, food security, social support networks and the built environment.

Human Resource (FTEs) and Planned Spending ($ M)					
2012–13		2013–14		2014–15	
FTEs	Planned Spending	FTEs	Planned Spending	FTEs	Planned Spending
374	181.4	374	181.2	375	181.3

Expected Result(s)	Performance Indicator(s)	Target(s)
Supportive environments and collaborative health promoting policies are in place to reduce health inequalities and enable Canadians to maintain and improve their health	# of communities reached	5703
	# by type of health promotion initiatives*	1275
	% of collaborations that result in joint action having an objective of influencing supportive environments and health promoting policies	80%

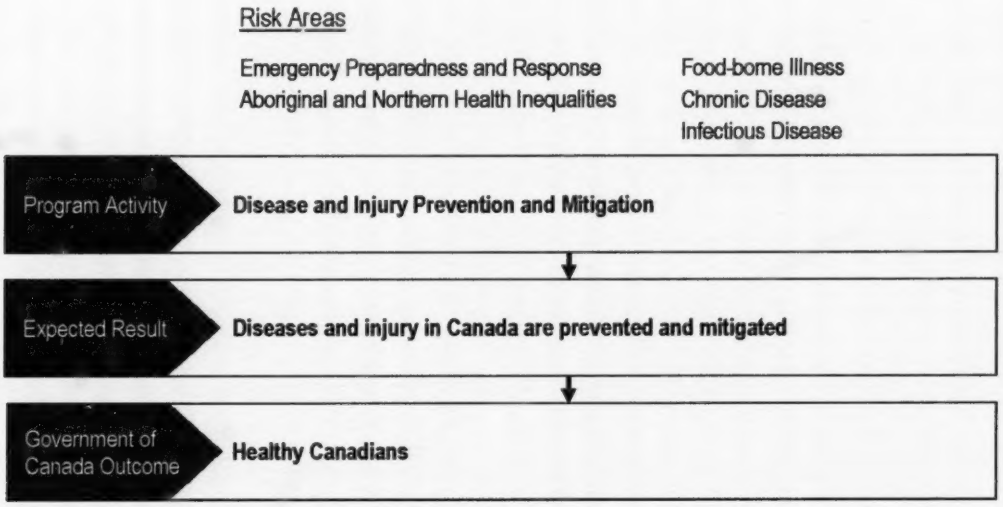
*In this context, initiatives generate and disseminate knowledge products; design and test innovative approaches to address priority public health issues; deliver programming distinct from contribution agreements; and include strategic initiatives such as international conferences.

Planning Highlights

PHAC contributes to the development of healthier Canadians by enabling individuals to improve their health and all levels of government and institutions to better address the factors that influence and determine health and health inequalities. The following major activities are planned:

- Engage key stakeholders to reduce the rates of childhood obesity as guided by *Curbing Childhood Obesity: an F/P/T Framework for Action to Promote Healthy Weights*. Investments and social marketing will target the relationship among physical activity, healthy eating, and healthy weights and align efforts with other sectors (sports, physical activity, and recreation).
- Contribute to the reduction of health inequalities in vulnerable children (including Aboriginal children in rural, urban and northern settings) and families through the support of collaborative efforts and programs such as the Canada Prenatal Nutrition Program, the Community Action Program for Children and Aboriginal Head Start in Urban and Northern Communities.
- Advance action on the social determinants of health and the reduction of health inequalities to better position decision-makers to influence policy and action for public health, including Aboriginal and northern communities. This is supported by innovation in population health interventions (i.e., by designing, testing and evaluating new policies and initiatives to fill evidence gaps on how to avert and mitigate inequalities among disadvantaged populations) to contribute to better health outcomes for Canadians via the Innovation Strategy.
- Enhance efforts to reduce trauma, disability and premature death associated with seniors' falls and social determinants of seniors' health by advancing knowledge surrounding seniors' falls and equipping Age Friendly Communities with a comprehensive set of indicators to measure how communities are becoming better, healthier and safer places for seniors to live.
- Enhance public health capacity through support and collaboration on research and best practices in promoting mental health and suicide prevention as well as working with others to share public education messages and enhance awareness among Canadians.
- Work with Health Canada and territorial partners to implement the Health Portfolio's Northern Wellness Approach, which is focused on reducing the administrative and reporting burden for regional health promotion and disease prevention in the Territories as well as improving the overall program fit and effectiveness.

Program Activity 1.5 – Disease and Injury Prevention and Mitigation



Program Activity Description: This program contributes to the identification, prevention, mitigation, and reduction of disease and injury in Canada. Through the provision of information and evidence-based knowledge and tools, it enables national and international decision-makers and public health experts to implement policies, programs and interventions aimed at addressing the incidence, prevalence and impact of disease and injury. It leads federal efforts and promotes national and international cooperation, collaboration, and consultations to identify public health measures and reduce public health risk factors-associated with disease and injury. This program is necessary because chronic disease, infectious disease, and injury are primary causes of hospitalization, disability, and mortality in Canada.

Human Resource (FTEs) and Planned Spending ($ M)					
2012–13		2013–14		2014–15	
FTEs	Planned Spending	FTEs	Planned Spending	FTEs	Planned Spending
347	100.5	347	94.8	348	142.2

Planned spending will decrease by $5.7M in 2013–14 from 2012–13 mainly due to the completion of the initiative to address sport and recreation injuries among Canadian children. In 2014–15, an increase of $47.4M is primarily the result of the final payment for the Hepatitis C Health Care Services Program.

Expected Result(s)	Performance Indicator(s)	Target(s)
Diseases and injury in Canada are prevented and mitigated	Rate of age-standardized new diagnoses of major diseases (cardiovascular disease, cancer, diabetes, asthma, and chronic obstructive pulmonary disease (COPD)) during a one-year period (incidence)	Baselines established:* • Diabetes: 6.1 per 1,000 population (aged 1 and older, age-standardized incidence rate). (2006-07) • Cancer: 4 per 1,000 population (2006-07) • Hypertension: 25.8 per 1,000 population (aged 20 and older, age-standardized incidence rate). (2006-07) • Asthma: 5.5 per 1,000 population. (2007-08) • COPD: 7.6 per 1,000 population ages 35 and over. (2007-08)
	Unintentional and intentional injury incidence rates over a one-year period	Baselines identified: All injuries (all ages): • Deaths: 45.1 per 100,000 • Hospitalizations: 659 per 100,000 Unintentional Injuries (all ages): • Deaths: 29.5 per 100,000 • Hospitalizations: 600.5 per 100,000
	Rate of reported cases of infectious diseases including health care associated infections, during a one-year period	Baselines identified: • HIV reported rate of 8.6 per 100,000 persons aged ≥15 yrs (rate in 2009 for newly diagnosed HIV cases) • TB reported rate of 4.7 per • 100, 000 population • Acute hepatitis B reported incidence: 0.69 per 100,000 population (2009) • Acute hepatitis C reported incidence: 1.88 per 100,000 (2009) Baselines for health care associated infections to be established by March 31, 2013.

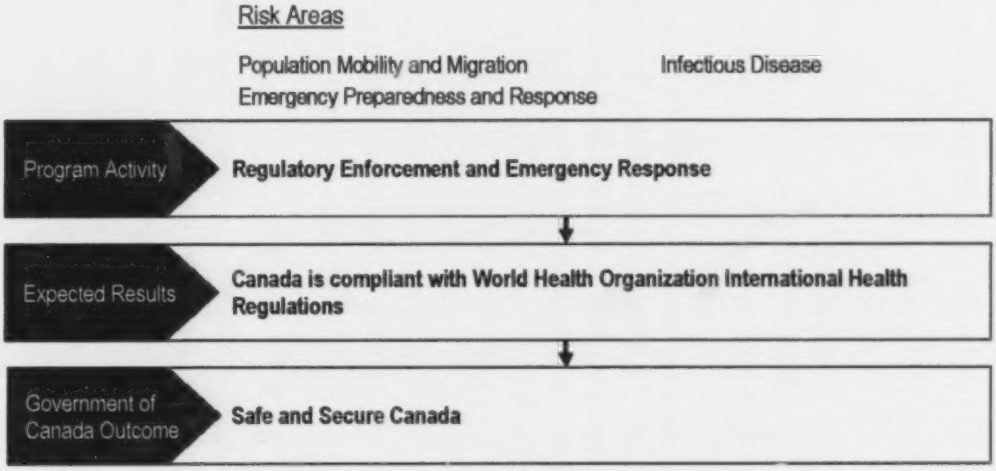
*As a signatory of the Political Declaration adopted at the September 2011 UN High Level Meeting on the Prevention and Control of Non-Communicable Disease, Canada is participating in the development of a global monitoring framework, including indicators and voluntary targets. This process will assist in the identification of non-communicable disease targets for the Agency.

Planning Highlights

Through promoting national and international collaboration and providing up-to-date and relevant information on diseases and injury prevention to public health practitioners, policy makers and individual Canadians, PHAC contributes to the reduction of hospitalisation, disability and mortality associated with chronic disease, infectious disease and injury. The following major activities are planned:

- Help reduce Canadians' risks for and decrease the impact of diseases such as cancer, diabetes, cardiovascular and respiratory diseases by supporting community-based initiatives focused on risk factors (such as unhealthy diets and physical inactivity) common to major chronic diseases.
- Support the implementation of the Political Declaration adopted at the September 2011 *UN High Level Meeting on the Prevention and Control of Non-Communicable Diseases* by working with the World Health Organization and other countries to develop a global monitoring framework with indicators and recommendations for voluntary global targets which reflect Canada's interests.
- Build pre-diabetes screening capacity with Inuit populations and enhance cancer prevention capacity in the North through collaboration with public health practitioners.
- Help advance the work of the Canadian Task Force on Preventive Health Care to develop clinical practice guidelines that provide evidence and up-to-date information to public health practitioners, policy-makers and individual Canadians on chronic disease prevention issues. Access to this knowledge and tools such as the Chronic Disease Prevention Kit, will help practitioners support their patients in making lifestyle changes to reduce the risk of developing chronic disease.
- Collaborative relationships are established over the next two years in pursuit of reductions in sport and recreation-related injuries for at-risk and underserved children and youth populations (e.g. rural, remote and northern communities).
- In collaboration with stakeholders, refine the National Immunization Strategy with more efficient vaccine recommendation processes, vaccine program development, and immunization programs. Determine the level of vaccine uptake/coverage in the Canadian population.
- Adopt science-based One Health practices to improve the understanding of food-borne illness and zoonoses, and guide upstream solutions (or approaches) to food-borne, zoonotic, and environmental issues via collaborative activities.
- To contribute to the prevention and control of communicable disease among First Nations and Inuit Peoples, strengthen partnerships with Health Canada and other Government of Canada departments to increase coordination, integration and coherence of programs and services.
- Expand the information and knowledge base available to public health professionals and Canadians regarding behaviour that affects the transmission of HIV among people where HIV is endemic.
- Provide Canadians with timely assessments of health risks and evidence-based recommendations to increase awareness and inform the prevention and treatment of diseases and health hazards that may be encountered as a result of global population mobility.

Program Activity 1.6 – Regulatory Enforcement and Emergency Response



Program Activity Description: Several significant public health events such as SARS (Severe Acute Respiratory Syndrome), West Nile virus, Listeria, and avian and pandemic influenza show that infectious disease outbreaks and agents continue to threaten public health. This program protects the health of Canadians by contributing to the development, implementation and enforcement of legislation and regulations to control the use and containment of pathogens and toxins in addition to quarantine services for travelers entering and departing from Canada; and rapid public health emergency response infrastructure such as human resource surge capacity, 24/7 communication and situational awareness services, and mobile laboratory services capable of processing high-risk pathogens. The program also consists of emergency medical supplies, and equipment located across Canada to support response to public health emergencies. This combination of regulation, rapid response capacity and on-demand emergency supplies provides public health authorities in Canada other federal government departments and agencies, international health authorities, Canadian health professionals, and members of the public with the tools, information, and resources required to help mitigate the threat of infectious disease.

Human Resource (FTEs) and Planned Spending ($ M)					
2012–13		2013–14		2014–15	
FTEs	Planned Spending	FTEs	Planned Spending	FTEs	Planned Spending
146	24.0	146	24.0	147	24.1

Expected Result(s)	Performance Indicator(s)	Target(s)
Canada is compliant with World Health Organization (WHO) International Health Regulations (IHR)	% of Agency procedures which are compliant with WHO IHR	100%

Planning Highlights

Supporting national readiness for prevention of and effective response to public health threats and enabling the development, implementation and enforcement of legislation related to the use and containment of pathogens and toxins contribute significantly to the mix of tools, information and resources required to mitigate threats to public health. The following major activities are planned:

- Continue the design and development of a risk-based program and regulatory framework for the *Human Pathogens and Toxins Act* that is informed through broad stakeholder consultations.
- Enhance service delivery and responsiveness to reduce the administrative burden encountered by regulated parties involved in the import, storage and manipulation of human/animal pathogens and regulated toxins.
- In the context of the Canada-US Beyond the Borders Action Plan, reduce the impacts of shared health security risks through expanded bilateral collaboration that advances North American biosecurity and pathogen control, and enhanced interoperability of emergency management and response systems.
- Facilitate inter-jurisdictional sharing of health professionals during a public health event via a revised emergency response surge capacity model/framework.
- Clarify federal, provincial, territorial and local roles and responsibilities with regard to quarantine activity via the development of a national framework.
- Designate Yellow Fever Vaccination centres in compliance with IHR requirement and facilitate entry of Canadian travellers where country entry requirements for yellow fever vaccination exist.
- Continue to modernize the National Emergency Stockpile System with the implementation of strategic, operational and disposal plans and an automated inventory system as well as the streamlining of assets through risk-informed evidence-based decisions.
- Enhance internal Agency business continuity planning capacity to address an "all hazards" approach so the Agency has the ability to maintain critical services to fulfill its mandate to Canadians at all times.

Program Activity 2.1 – Internal Services

Program Activity Description: Internal services support the Agency's strategic outcome and all six PA's. Internal services are groups of related activities and resources that are administered to support the needs of programs and other corporate obligations of an organization. These groups are Management and Oversight Services, Communications Services, Legal Services, Human Resources Management Services, Financial Management Services, Information Management Services, Information Technology Services, Real Property Services, Materiel Services, Acquisition Services, and Travel and Other Administrative Services. Internal services include only those activities and resources that apply across the Agency and not those provided specifically to a program.

Human Resource (FTEs) and Planned Spending ($ M)					
2012–13		2013–14		2014–15	
FTEs	Planned Spending	FTEs	Planned Spending	FTEs	Planned Spending
675	95.4	675	95.3	677	95.2

Expected Result(s)	Performance Indicator(s)	Target(s)
The communications, service operations and programs of the Agency comply with applicable laws, regulations, policies and plans and meet the diverse needs of the public	Compliance with the Government of Canada Communications Policy	100%
	Compliance with the statutory time requirements of the *Access to Information Act* and *Privacy Act* (ATIP)	Achieve an Office of the Information Commissioners Rating "A" Rating (95%)
	Compliance with the Government of Canada *Official Languages Act*, Part IV, Communications with and services to the public	100%
Strategic allocation and prudent use of resources among programs, processes and services	% Year-end Agency variance of planned versus actual expenditures	5 % variance or less
	Compliance with the Government of Canada *Employment Equity Act*	Achieve a work force representative of work force availability estimates based on the 2006 Census by March 31, 2013 Aboriginal People – 3.1% Persons with Disabilities – 4.3% Visible Minorities – exceed 13.1% Women – 61.8%
Assets are acquired and managed in a sustainable and financially responsible manner throughout the lifecycle	% of compliance with legislation, regulations, policies, standards and best practices	100%

Planning Highlights

Sound resource management and improved knowledge translation, information management and science-based decision-making systems facilitate access to the latest public health information for all Canadians. The same also enables improvements in the efficiency and effectiveness of PHAC's operations. The following major activities are planned:

- Maintain the engagement of employees and positive messaging related to Public Service Renewal within the current context of fiscal restraint.
- Ensure that issues identified by PHAC employees in the 2011 Public Service Employee Service are addressed in Agency action plans.
- Adopt and implement an Agency-specific values and ethics code that promotes and supports integrity-driven organizational practices, a corporate culture that espouses values and ethics, and employee engagement.
- Continue development and implementation of a phased approach to talent management for executives, feeder groups and public health professionals.
- Support the Federal Sustainable Development Strategy through the implementation of the PHAC 2011-2014 Departmental Sustainable Development Strategy. Key commitments relating to green buildings, surplus electronic and electrical equipment, printing units, and green procurement are identified in the Greening Government Operations supplementary information table.
- Enhance integrated security services in compliance with the Policy on Government Security by performing certification and accreditation of mission-critical applications and/or systems, implementing the Departmental Security Plan, and completing the Threat and Risk Assessments to safeguard the Agency's intellectual property and asset resources.
- Enhance occupational health and safety services in compliance with Part II of the Canada Labour Code and the Canada Occupational Health and Safety Regulations by developing and promoting Agency policies and procedures thereby ensuring a uniform approach to occupational health and safety.

Federal Sustainable Development Strategy

The Public Health Agency of Canada is a participant in the Federal Sustainable Development Strategy (FSDS) and contributes to the Greening Government Operations targets through the internal services PA. The department contributes to the following target areas of Theme IV of the FSDS:

- Green Buildings
- Surplus Electronic and Electrical Equipment
- Printing Unit Reduction
- Paper Consumption
- Green Meetings
- Green Procurement

For additional details on Public Health Agency's Greening Government Operations (GGO) activities please view the Agency's GGO Tables.

Section III – Supplementary Information

Financial Highlights

The future-oriented financial highlights presented in this report provide a general overview of the Agency's financial position and operations. Future-Oriented Financial Statements are prepared on an annual basis to strengthen accountability and improve transparency and financial management. The statements are located on the Agency's Web site.

Future-Oriented Financial Statements

($ M)

Condensed Statement of Operations for the year ended March 31st	% change	Future-oriented 2012–13	Future-oriented 2011–12
Total Expenses	3.6	650.5	627.9
Total Revenues	(72.7)	0.3	1.1
Net Cost of Operations	**3.7**	**650.2**	**626.8**

The Agency is forecasting $650.5M in expenses based on 2012–13 Main Estimates and accrued information, a net increase of $22.6M from 2011–12. The increase is primarily a result of $14.7M for the replenishment of antiviral drugs held in national antiviral stockpiles and an increase of $3M in incremental funding to address sport and recreation injuries among Canadian children and youth.

($ M)

Condensed Statement of Financial Position for the year ended March 31st	% change	Future-oriented 2012–13	Future-oriented 2011–12
Total Assets	4.0	201.2	193.4
Total Liabilities	(0.1)	126.6	127.0
Equity	13.0	74.6	66.0
Total Liabilities and Equity of Canada	**4.0**	**201.2**	**193.4**

Based on 2012–13 Main Estimates and accrued information, the Agency is forecasting $201.2M in total assets, an increase of $7.8M from 2011–12. The largest component being an increase in tangible capital assets resulting from planned acquisitions to complete the JC Wilt Laboratory.

Supplementary Information Tables

All electronic Supplementary Information tables found in the 2012–13 Report on Plans and Priorities can be found on the Treasury Board of Canada Secretariat's Web site.

- Details on Transfer Payment Programs
- Greening Government Operations
- Horizontal Initiatives
- Upcoming Internal Audits and Evaluations over the next three fiscal years
- Sources of Respendable and Non-Respendable Revenue
- Summary of Capital Spending by Program Activity

Section IV – Other Items of Interest

Organizational Contact Information

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Additional Web Links

2012–13 Main Estimates	http://www.tbs-sct.gc.ca/est-pre/20122013/me-bpd/info/info-eng.asp
Aboriginal Head Start in Urban and Northern Communities	http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/ahsunc-papacun/index-eng.php
Access to Information Act and *Privacy Act*	http://laws.justice.gc.ca/en/A-1/index.html
Age Friendly Communities	http://www.phac-aspc.gc.ca/sh-sa/ifa-fiv/2008/initiative-eng.php
Agency's Web site (financial highlights)	http://www.phac-aspc.gc.ca/rpp/2012-2013/fofs-erp-eng.php
Beyond the Borders Action Plan	http://plandaction.gc.ca/eng/feature.asp?pageId=357&featureId=30
Canada Prenatal Nutrition Program	http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/cpnp-pcnp/index-eng.php
Canadian Task Force on Preventive Health Care	http://www.canadiantaskforce.ca/
Community Action Program for Children	http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/capc-pace/index-eng.php
Competency-based suite of learning modules on core public health functions	http://www.phac-aspc.gc.ca/ccph-cesp/
Curbing Childhood Obesity: an F/P/T Framework for Action to Promote Healthy Weights	http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/index-eng.php
Federal Sustainable Development Strategy	http://www.ec.gc.ca/dd-sd/
GGO Tables	http://publiservice.tbs-sct.gc.ca/rpp/2012-2013/inst/ahs/st-ts02-eng.asp
Government of Canada Communications Policy	http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=12316
Government of Canada *Employment Equity Act*	http://laws.justice.gc.ca/en/E-5.401/index.html
Government of Canada *Official Languages Act*	http://laws.justice.gc.ca/en/O-3.01/index.html
Health Portfolio	http://www.hc-sc.gc.ca/ahc-asc/minist/portfolio/index-eng.php
Innovation Strategy	http://www.phac-aspc.gc.ca/ph-sp/fund-fonds/index-eng.php
May 2008 Report of the Auditor General	http://www.oag-bvg.gc.ca/internet/English/parl_oag_200805_05_e_30701.html
One Health	http://www.onehealthinitiative.com/
Planning for A Sustainable Future: The Public Health Agency of Canada's Departmental Sustainable Development Strategy 2011-2014	http://www.phac-aspc.gc.ca/about_apropos/sd-dd/plan/index-eng.php
Political Declaration	http://www.un.org/ga/search/view_doc.asp?symbol=A/66/L.1
Pre-diabetes screening capacity	http://www.phac-aspc.gc.ca/cd-mc/diabetes-diabete/canrisk/index-eng.php
Public Health Agency of Canada	http://www.phac-aspc.gc.ca/index-eng.php
Treasury Board of Canada Secretariat's Web site (supplementary tables)	http://www.tbs-sct.gc.ca/rpp/2012-2013/info/info-eng.asp